

Bad Check Complaint Form

Incomplete reports decrease the chance for conviction

Complete this two-page report for each check writer. Up to three (3) checks can be listed with one report provided they were written by the same writer and all received within a ten (10) day period. **Photocopies** of the check (front and back), 5 Day Notice, certified mail receipt, the signed return or non-delivery letter (whatever the postman returned to you) must accompany this report. **DO NOT SEND ORIGINALS** - keep them for your records and for use as evidence should prosecution be required.

Please Type or Print Legibly

It is understood that all checks submitted to the Bad Check Recovery Program may result in criminal prosecution. Checks older than 90 days are not eligible for this program.

Victim Information

The business or person accepting the check is the Victim

Business

Phone Number (Area Code + Number)

Street Address (House Number and Street Name)

City

State

Zip Code

Address Where Check Was Accepted (If Different From Above)

City

State

Zip Code

Date Check Was Received

Time Received

How Was The Check Received (by mail, in person, etc)

Person Submitting the Check(s) to the Program

Name (Last Name, First Name, Middle Initial)

Race

Sex

Date of Birth

Home Address (House Number and Street Name)

City

State

Zip Code

Home Phone (Area Code + Number)

Position with Business

Work Phone (Area Code + Number)

I certify that no one has or will accepted restitution from the writer of the check(s) that are the subject of this report as of this date.

Date

Signature

Bad Check Complaint Form

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*Please have this page completed by the person who accepted the check, if possible.
Please Type or Print Legibly*

Person Who Accepted Check

Name (Last Name, First Name, Middle Initial)

Race

Sex

Date of Birth

Home Address (House Number and Street Name)

City

State

Zip Code

Home Phone Number (Area Code + Number)

Position With Business

Work Phone Number (Area Code + Number)

Person Who Wrote the Check (Height and Weight Can Be Approximated)

Name (Last Name, First Name, Middle Initial)

Race

Sex

Date of Birth

Home Address (House Number and Street Name)

City

State

Zip Code

Home Phone (Area Code + Number)

Height

Weight

Hair

Eyes

What Type Of ID Was Used?

State ID Was Issued

ID Number

Can You Identify The Writer?

Is There Video of the Transaction?

Check Information

Check #

Dated

Amount

Bank Drawn On

Account Number

Check #

Dated

Amount

Bank Drawn On

Account Number

Check #

Dated

Amount

Bank Drawn On

Account Number

Include copy of sales receipt from the transaction(s), if available.